

Official Use Only

Sent to Capitol to Fly: ___/___/___ Returned from Capitol: ___/___/___

Check Received: ___/___/___ Name on Check: _____

Check #: _____ Amount Received: \$ _____ Mailed to Constituent: ___/___/___



Congressman Robert Aderholt
2369 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-4876



FLAG ORDER FORM

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Please indicate the flag size and fabric you would like below:

Flag Type	Flag Cost	Flying Fee	Total	Quantity	TOTAL
3'x5' Cotton	\$14.15	\$5.00	\$19.15		
3'x5' Nylon	\$12.85	\$5.00	\$17.85		
4'x6' Nylon	\$18.40	\$5.00	\$23.40		
5'x8' Cotton	\$26.85	\$5.00	\$31.85		
5'x8' Nylon	\$22.90	\$5.00	\$27.90		
				Total	\$

Please answer the following questions:

Do you want your flag flown over the U.S. Capitol? _____

If so, please specify the date you would like it flown. _____

Is the flag being flown for a special occasion? _____

(For example: In honor of Joe Smith on his 65th birthday or In memory of....)

Payment is necessary in order for you to receive your flag. Please make checks payable to: **Congressman Aderholt's Office Supply Account**. Checks or money order only please.

Please print and mail this Flag Order Form to:

Congressman Robert Aderholt
ATTN: FLAG REQUEST
205 Fourth Avenue Northeast, Suite 104
Cullman, Alabama 35055

NOTE: PLEASE ALLOW 6-8 WEEKS FOR US TO PROCESS YOUR REQUEST